

**Work Order ID 91719**

October-16-12 11:09:39 AM

**\*91719\***

Page 1

Item ID: D206-817-011

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Screw-In Windshield, LH/RH

Stop

**\*NS2\***

Start Date: 10/16/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 10/16/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: REWORK-NCR12-1892

Approvals: Process Plan:

*(initial)*

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
IIN-D206-817	C

100

0.00

**\*100\***

DOCUMENT CONTROL

*(DAS 16) 17/10/12*

DC

Document Control

Memo

Photocopy bluefile &amp; type labels per PPP D206-817-011 CHG002

120

0.00

**\*120\***

QC

Quality Control

Memo

PULL FROM STOCK:  
1 X D206-817-011 B90943  
REMOVE D4543-1 & D4543-2  
RE-IDENTIFY PER NCR 12-1892*(DAS 16) 17/10/12*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>					
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
<b>FAULT CATEGORY</b>										
<b>Landing Gear</b>	Bending <input type="checkbox"/>	General <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	Bend <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped. <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Burrs <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Contamination <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drill Holes <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
			Out of Sequence <input type="checkbox"/>							
			Outside Dimensions <input type="checkbox"/>							

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**\*91719\***

Page 2

Item ID: D206-817-011

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Screw-In Windshield, LH/RH

Stop

**\*NS2\***

Start Date: 10/16/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 10/16/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: REWORK-NCR12-1892

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Packaging	Packaging Memo REPACKAGE USING NEW B/N NEW LABELS REQ'D Identify and pack for shipping as per PPP D206-817-011 Location: <u>19</u> PPP Rev: <u>C</u>	0.00						<u>P</u>	<u>10/10/12</u>
140 <b>*140*</b> QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00						<u>12/10/19</u>	<u>12/10/10</u>

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

# Picklist Print

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Page 1

Work Order ID: 91719  
Parent Item: D206-817-011 Start Date: 10/16/12 Required Date: 10/16/12  
Parent Item Name: Screw-In Windshield, LH/RH Start Qty: 1.00 Required Qty: 1.00

Comments: IPP REV:A 12.02.14 NEW ISSUE DD VERF:  
REV.C DD VERF:EC IPP REV:B 12.05.09 AS PER IIN  
IPP REV:C 12.06.12 ECN 12-602 DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-817-011 Screw-In Windshield, LH/RH		Manufactured	No				Each	0.0000		1		54	

90943 1x

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_